

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support  
150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007  
<http://www.azdhs.gov/bhs/tidbits>

## OPS Mailbox

Contractors must send in all inquiries to OPS' email box at [ops@azdhs.gov](mailto:ops@azdhs.gov). However, it is not necessary to **copy** others when submitting questions to this mailbox. The OPS mailbox will forward the email to the appropriate OPS Representative(s).

Please make a note that Contractors should not contact the OPS Representatives directly, any and all requests should be sent to [ops@azdhs.gov](mailto:ops@azdhs.gov) and **copy** only your internal staff. In turn, the request/email will be forwarded on to the appropriate individual(s).

## Contractors' Deliverables

**Requests for Extensions to Deadlines for OPS Deliverables.** If the Contractor requires an extension, a request must be submitted to [ops@azdhs.gov](mailto:ops@azdhs.gov) prior to the due date.

**Encounter Reconciliation Log (formerly Override/Deletion Log).** The next Encounter Reconciliation Log is due to OPS on or before COB April 30, 2009. Requests for the log will be sent out one week prior to the quarter end. It is important that OPS is notified, via OPS mailbox, when the Log is placed on the FTP Server.

**Check Register Review 2<sup>nd</sup> Qtr FY09.** Preliminary and Final review for 2<sup>nd</sup> Quarter check registers is currently in process. As preliminary results are completed, they will be sent out to the Contractor for the 10 business day challenge period. Contractors must be reminded that screen prints from their system will no longer be accepted for omissions.

**Intakes without Encounters.** Contractors must make sure that they are cleaning up the Intakes without Encounters. The numbers are rising. This report is on the RBHA FTP folder every Monday.

**Claims Dashboard.** The next Claims Dashboard is due to OPS from the RBHAs on or before COB April 30, 2009. The next Claims Dashboard is due to OPS from the CRS Site on or before COB on the 10<sup>th</sup> day of each month. Please submit to [ops@azdhs.gov](mailto:ops@azdhs.gov). This

deliverable is a quarterly report for RBHAs and a monthly report for CRS Site.

If an extension is required, a request must be submitted to [ops@azdhs.gov](mailto:ops@azdhs.gov) prior to the due date.

## Coding Q & A



Is it possible for a provider to bill/encounter services with modifiers other than those listed on the B2 Appendix?



Yes. The modifiers identified on the B2 Appendix are used to uniquely identify specific services. Any modifier listed as valid by AHCCCS on the PMMIS reference screen RF122 may be used in addition to the procedure code and any required modifiers.



If a client has missed several appointments/sessions and the case manager phones, leaves messages and/or drives to the client's home, but does not make any actual contact, could this be encountered as case management?



According to a Clinical Management decision on February 3, 2009, this would be billable as case management. However, the documentation should be very thorough and support the case manager's effort to perform outreach activities and re-engage the client.



Could S5110 Home Care Training Family (Family Support) be used when meeting with a school teacher without the child or parent present to discuss the child's special needs?



According to a Clinical Management decision on February 3, 2009, this would be considered more of a T1016 (Case Management) service. S5110 (Family Support) could be billed only if the clinician/therapist is speaking to the school teacher and the parent is present.



A provider conducts an hour group session with only Spanish speaking members. The provider who is bi-lingual conducts the entire session in Spanish without the use of an additional interpreter. Can the T1013 (Sign Language or Oral Interpretive Services, per 15 minutes) be billed and, if so, how many units?



According to an ADHS meeting regarding code T1013 (Sign Language or Oral Interpretive Services, per 15 minutes), this code could be encountered for the translation of the group session. The provider would be able to encounter the T1013 code for every member in the group session. For example, if the group is one hour long and the group has five members, the billing would reflect four units of the appropriate group code, i.e. H0004 (HQ) or H2014 (HQ) etc. and four units of T1013 for each client. The documentation would then have to support that the T1013 was provided in conjunction with the group code.



A counselor begins an assessment (H0031) and after five minutes the counselor notices the client is intoxicated and stops the evaluation due to the client's altered state. The counselor was not able to assess much and only documented the client's name and date of birth. Can the provider still encounter the H0031 code?



According to a Clinical Management decision on February 3, 2009, the H0031 code should not be encountered at all. This situation would be considered a non-billable service since the case manager was unable to conduct the session.

**Assessment Clarification Reminder.** There has been some confusion regarding the assessment requirements for both children and adults. Please see the information below for the most current requirements. The following can be found in the Division of Behavioral Health Services Provider Manual Section 3.9:

- Behavioral health providers must complete an annual update that records a historical description of the significant events in the person's life and how the person/family responded to the services/treatment provided during the past year.

- The ADHS/DBHS standardized annual behavioral health update and review summary PM Form 3.9.1. Part E of the general assessment or PM Form 3.9.2. Part D of the Birth-5 Behavioral Health Assessment must be present in every medical record.

**AHCCCS Coding Tips.** The following are coding tips from the American Medical Association:

- Diagnostic or treatment procedures that are reported as part of evaluation and management services (e.g., otoscopy, anterior rhinoscopy, tuning fork tests, and removal of nonimpacted cerumen) are not reported separately.
- Modifier 59 (distinct procedural service) billed in conjunction with microbiology codes should be used when separate results are reported for different species or strains that are described by the same CPT code.

## !! Edit Alerts !!



An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit Alerts are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

### New/Changed Edit Alert

Tracking Number: 142

Implemented: ☐

Reference Title Encounter Suspension Timeline

Notification Date: January 16, 2009

Expected Implementation Date: March 2, 2009  
ADHS will provide 90 days notice when possible

#### Change Description:

DBHS/ITS has prepared the following timeline for implementation of the encounter suspension edit:

Task	Start Date	Completion Date
Design Script	1/27/2009	1/29/2009
Develop Script	1/30/2009	2/5/2009
Refresh Tables	2/6/2009	2/6/2009
Unit Test Script	2/6/2009	2/11/2009
QMD Review	2/12/2009	2/13/2009
Unit Test Script	2/16/2009	2/20/2009
Run Set Flag Process	2/23/2009	2/23/2009
Intake Downloads for RBHAs	2/23/2009	2/23/2009
UAT Testing	2/23/2009	2/27/2009
Implementation	3/2/2009	3/2/2009

## New/Changed Edit Alert

Tracking Number: 144

Implemented: ☐

Reference Title "F" Override Program Changes

Notification Date: January 28, 2009

Expected Implementation Date: March 2, 2009

ADHS will provide 90 days notice when possible

### Change Description:

(SSR 2861) Use of the "F" override to bypass B5 billing limitations will be changed as follows:

The B5 billing limitations for -

T1019  
H2014  
H2014 HQ  
S5110  
H2017

when billed in conjunction with -

S5140  
S5145  
S5109 HA  
S5109 HB  
S5109 HC

will be bypassed when the following conditions are met:

The first encounter submitted must have NO override. If an encounter is submitted with an override and a corresponding encounter does not already exist in the system, the encounter will be rejected. Example: T1019 is submitted and there is no S5140, S5145 or S5109 HA/HB/HC already in the system, the T1019 encounter will be rejected for "N297-No B5 billing limitation encounter exists requiring "F" override".

After the first encounter is accepted, all subsequent encounters must be submitted with an override. Example: T1019 is submitted and accepted. Next a S5109 HA is submitted with an override and accepted. Next a H2014 is submitted without an override, the H2014 will be rejected for "N166-New encounter proc code cannot bill on same day as existing encounter proc code".

If two of the above codes are billed on the same file for the same day, the same rules as above will apply. They will be compared to existing encounters already in the system, not to each other.

## New/Changed Edit Alert

Tracking Number: 143

Implemented: ☒

Reference Title "H" Override Eliminated

Notification Date: January 28, 2009

Expected Implementation Date: January 28, 2009

ADHS will provide 90 days notice when possible

### Change Description:

(SSR 2862) Procedure codes H0038 and S5110 when billed in conjunction with Level I accommodation revenue codes have been removed from the B5 billing limitations. This eliminates the need for the "H" override when billing these procedure combinations and the "H" override has been removed from the system.

Encounters billed with an "H" override will be rejected for N191-Override function not available. These encounters will need to be resubmitted without the "H" override.

## New/Changed Edit Alert

Tracking Number: 111

Implemented: ☒

Reference Title CRS submission of TPL - IMPLEMENTED

Notification Date: February 19, 2009

Expected Implementation Date: February 19, 2009

ADHS will provide 90 days notice when possible

### Change Description:

(SSR 2494) Client Medicare information in the AHCCCS system comes directly from Medicare. Other client insurance information is collected and provided to AHCCCS by DES, SSI, the Health Plans and Health Management Systems (HMS). HMS is the AHCCCS contractor who verifies all of their other insurance information (Third Party Leads).

The CRS sites are required to submit new updates of third party leads data they have collected on their AHCCCS CRS eligible/enrolled clients. The CRS sites currently submit their Third Party Leads for these clients to the HMS website, <https://cms.hmsys.com/tplreferrals>. Updates may continue to be submitted to the HMS website, however, AHCCCS has no way of tracking submissions made directly to the HMS website and they will not receive any notification if the referral is not verified.

ADHS will establish a process for the CRS sites to submit Third Party Leads for their AHCCCS CRS eligible/enrolled clients daily to ADHS on a Third Party Leads submission file. A copy of the file layout is attached. The Third Party Leads file will be sent to AHCCCS and AHCCCS will forward the file to HMS for verification. Verified information will be posted to the AHCCCS system. The CRS sites will receive notification of updated information on the TPL files received from ADHS.

The HMS website will not accept submissions if the "end date" of the policy is more than 6 months in the past. CRS site TPL submissions with end dates more than 6 months in the past must be submitted to ADHS on a Third Party Leads file.

PLEASE NOTE THAT THE THIRD PARTY LEADS FILE SHOULD NOT CONTAIN UPDATES OR CHANGES ON MEDICARE INSURANCE. IT IS ONLY FOR INSURANCE OTHER THAN MEDICARE. FILES CONTAINING ERRORS WILL BE RETURNED TO THE CRS SITES FOR CORRECTION BEFORE SUBMISSION TO AHCCCS.

## New/Changed Edit Alert

Tracking Number: 112

Implemented: ☒

Reference Title T/RBHA submission of TPL - IMPLEMENTED

Notification Date: February 19, 2009

Expected Implementation Date: February 19, 2009

ADHS will provide 90 days notice when possible

### Change Description:

(SSR 2493) Client Medicare information in the AHCCCS system comes directly from Medicare. Other client insurance information is collected and provided to AHCCCS by DES, SSI, the Health Plans and Health Management Systems (HMS). HMS is the AHCCCS contractor who verifies all of their other insurance information (Third Party Leads).

The TRBHAs are required to submit new updates of third party leads data they have collected on their AHCCCS behavioral health eligible/enrolled clients. The TRBHAs currently submit their Third Party Leads for these clients to the HMS website, <https://cms.hmsys.com/tplreferrals>. Updates may continue to be submitted to the HMS website, however, AHCCCS has no way of tracking submissions made directly to the HMS website and they will not receive any notification if the referral is not verified.

ADHS will establish a process for the TRBHAs to submit Third Party Leads for their AHCCCS behavioral health eligible/enrolled clients daily to ADHS on a Third Party Leads submission file. A copy of the file layout is attached. The Third Party Leads file will be sent to AHCCCS and AHCCCS will forward the file to HMS for verification. Verified information will be posted to the AHCCCS system. The TRBHAs will receive notification of updated information on the TPL files received from ADHS.

The HMS website will not accept submissions if the "end date" of the policy is more than 6 months in the past. TRBHA TPL submissions with end dates more than 6 months in the past must be submitted to ADHS on a Third Party Leads file.

PLEASE NOTE THAT THE THIRD PARTY LEADS FILE SHOULD NOT CONTAIN UPDATES OR CHANGES ON MEDICARE INSURANCE. IT IS ONLY FOR INSURANCE OTHER THAN MEDICARE. FILES CONTAINING ERRORS WILL BE RETURNED TO THE TRBHA FOR CORRECTION BEFORE SUBMISSION TO AHCCCS.

## OPS Pend Corner

As communicated at the January T/RBHA CFO Directors' Meeting, as well as in an email to all T/RBHAs on February 6, 2009, AHCCCS has announced a reduction in their Fee-for-Service Program rates effective February 1, 2009. These rate reductions do not affect RBHAs, TRBHAs or the CRS sites (referred to by AHCCCS as Managed Care Organizations - MCOs). They only affect Fee-for-Service, acute and ALTCS plans.

As a result of these changes, AHCCCS has created two new reference tables in the PMMIS system RF132 (MCO Valid Procedure Modifiers), and RF142 (MCO Procedure Maximum Allowable Charge), as well as a new FTP reference file. The **Reference 05** file (**REFER05.ZIP**) will contain the rates all RBHAs, TRBHAs and CRS sites must utilize to identify historic procedure code rates NOT impacted by this rate reduction.

The first REFER05.ZIP file was available on the Sherman server as of February 6, 2009. It is important that, beginning with the February FTP Reference file download, all T/RBHAs load and utilize only the fee schedule and modifier related information found in the REFER05.Zip file and that the AHCCCS FFS fee schedule information found in the REFER02.Zip and REFER03.ZIP files is no longer used.

Should you have any questions, please feel free to contact the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov).

If you are ever uncertain about what field is causing an encounter to pend, OPS suggests that you reference PMMIS screen EC735 – Error to Field Inquiry:

TR: EC735 ACT: I AHCCCS - ENCOUNTER 02/20/09  
NTR: ERROR TO FIELD INQ 16:05:22  
EC31L735

ERROR CODE: N025 DRUG NOT AVAILABLE DOS  
FORM TYPE: C START AT: FIELD NUMBER: \_\_\_\_\_

INTERNAL FLD NBR	INTERNAL FIELD NAME	CCL INDICATORS	EFFECTIVE DATES:	
			BEGIN	END
046	DISP-DAT	Y	10/01/1982	99/99/9999
093	NDC-CD	Y	10/01/1982	99/99/9999

Once the Error Code and Form Type are populated, press enter and PMMIS will identify the Internal Field Number(s) and Internal Field Name(s) of the field(s) that are causing the encounter to pend. This is a useful tool, as some of the AHCCCS pend descriptions can be difficult to understand.

### AHCCCS Listing Of All Pend Codes

The following link has been provided by AHCCCS to identify all current pend codes and descriptions:  
[http://www.ahcccs.state.az.us/Encounters/EditStatusYStatus12\\_11\\_08.xls](http://www.ahcccs.state.az.us/Encounters/EditStatusYStatus12_11_08.xls).

### Certain Z305 Pend Overrides Performed by OPS

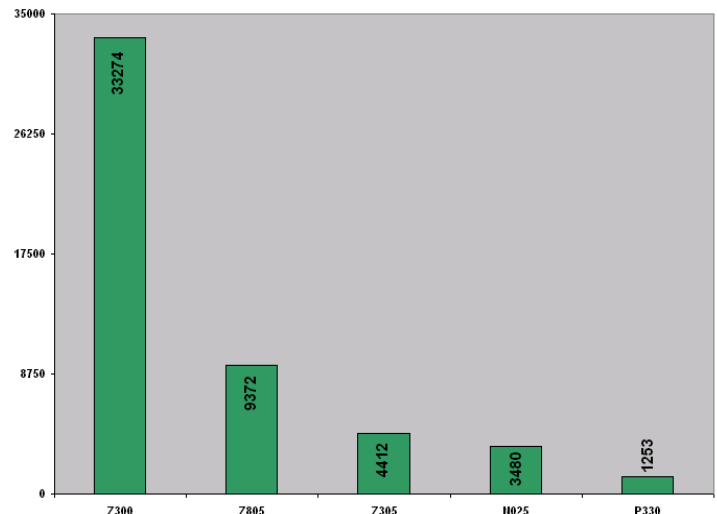
According to the instructions of Edit Alert 103 (distributed December 3, 2007), the Office of Program Support continues to perform monthly overrides of RBHA encounters, pending at AHCCCS for Z305 (Date of Service Overlap), when procedure codes related to case management and transportation have been billed. Please see Edit Alert 103 for additional details.

On a monthly basis, OPS identifies the case management and transportation Z305 pended encounters to be marked for override and provides an Excel file to ADHS ITS. ITS uses this file to mark the AHCCCS pends with an "A" (Approve/Override Duplicate) action code in the file that will be submitted to AHCCCS for batch processing.

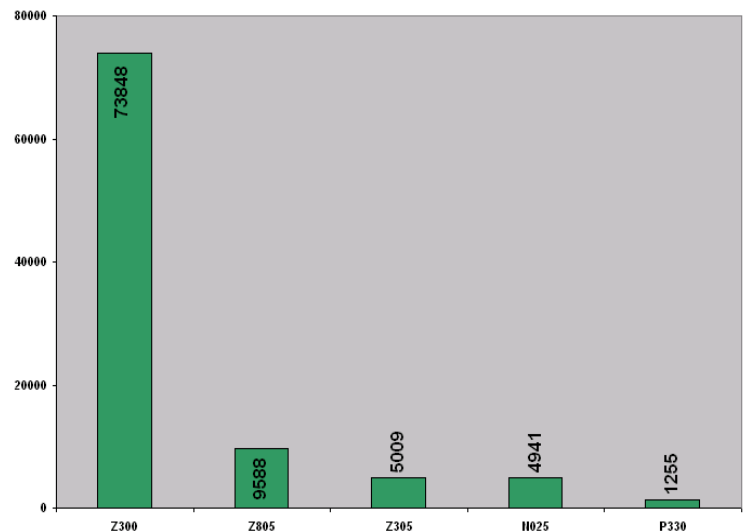
Detail files, listing all Z305 records that have been marked for override, are also provided to the RBHAs on a monthly basis. OPS places detail files on the Sherman Server, in respective OPS FTP folders, and provides an emailed notification to all RBHAs of their availability when the overrides have been completed in the CIS system. Filenames are formatted as follows: "yymmdd\_Z305-xx" ('xx' = RBHA ID).

All other encounters pending for Z305, which are not for case management or transportation services, must be researched by the RBHAs and resolved through the monthly deldup file process.

Top 5 AHCCCS Pends January 2009 (Statewide)



Top 5 AHCCCS Pends February 2009 (Statewide)



1. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pended encounter is duping against. Verify that the Provider, member ID, DOS, Procedure Code and Modifier are an exact duplicate to the CRN found in PMMIS. If the encounter has been submitted twice void the pended encounter.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against, to work out these pend errors.
3. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
4. N025 (Drug Not Available on DOS) – Access PMMIS screen RF319 and enter the NDC Code to identify if it is valid at AHCCCS. If the NDC



code is unavailable for the dates of service on the encounter, the RBHA should void the encounter.

5. P330 (Provider Not Eligible for Category of Service on Service Date) – Access PMMIS screen PR035 and enter the provider's six digit AHCCCS Provider ID to identify if the provider is eligible for the Category of Service in question. If not, the RBHA may either void the encounter or have the provider contact AHCCCS Provider Registration if it is believed that the provider should be eligible.

It is OPS' hope that this information can be used in the ongoing effort to correct AHCCCS pends. Please contact the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov), if further clarification is necessary.

### **PMMIS Changes**

**Category of Service (COS).** Effective for dates of service on or after April 1, 2003 the HCPCS code C1814 (Retinal Tamponade Device, Silicone Oil) is now associated to Category of Service 40 (Medical Supplies).

**Provider Type (PT).** The following HCPCS and CPT codes have been added to the provider type table.

Procedure Code	Description	Provider Type	Effective Date
G0008	Administration of Influenza virus vaccine	08 Physician	10/01/08
G0154	Services of Skilled Nurse in home health setting, each 15 minutes	23 Home Health Agency	01/01/08
99801	Home infusion/specialty drug administration, per visit (up to 2 hours)	03 Pharmacy	01/01/07
99802	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (list separately in addition to code for primary procedure)	03 Pharmacy	01/01/07
92630	Auditory rehabilitation; pre-lingual hearing loss	15 Speech/Hearing therapist	01/01/08
92663	Auditory rehabilitation; post-lingual hearing loss	15 Speech/Hearing therapist	01/01/08
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional	14 Physical therapist 15 Speech/Hearing therapist	01/01/08
99477	Initial Hospital Care, per day for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services	08 MD-Physician 31 DO-Physician Osteopath	01/01/08

**Coverage Change.** Effective April 1, 2009, CPT 99070 (Supplies and material provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)) will be closed. Plans and providers must use the more specific HCPCS "A"

codes rather than 99070. Please adjust your systems and processes accordingly.

**Modifier(s).** Effective for dates of service on or after January 1, 2007, the HCPCS Code L3763 (Elbow wrist hand orthosis rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment) can be reported with the following modifiers:

- NU (New Equipment)
- LT (Identifies Left Side)
- RT (Identifies Right Side)

Effective for dates of service on or after January 1, 2009, the following two modifiers have been added to the reference table (RF114 – Procedure Modifier).

RA – Replacement of a DME item

RB - Replacement of a part of DME furnished as part of a repair

Note:

- The existing RP modifier will be end dated with an effective date of December 31, 2008.
- Suppliers should use the new RA modifier on DME/POS claims to denote instances where an item is furnished as a replacement for the same item which has been lost, stolen, or irreparably damaged.
- Medicare contractors will accept modifier "RA" (rather than "RP") for replacement of beneficiary-owned DMEPOS due to loss, irreparable damage, or when the item has been stolen.
- In contrast, the new RB modifier should be used on a DMEPOS claim to indicate replacement parts of a DMEPOS item (base equipment/device) furnished as part of the service of repairing the DMEPOS item (base equipment/device).
- Medicare contractors will accept modifier "RB" rather than "RP" for replacement parts furnished in order to repair beneficiary-owned DMEPOS.

### **Place of Service (POS)**

- Effective for dates of service on or after March 1, 2008, the HCPCS Code A7507 (filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each) can be reported with POS 12 (Home).
- Effective for dates of service on or after January 1, 2009, the CPT Code 93306 (Echocardiography, Transthoracic, real-time with image documentation (2D), includes M-Mode recording, when performed, complete, with spec-

tral Doppler echocardiography, and with color flow Doppler echocardiography) can be reported with POS 21 (Inpatient Hospital).

- The CPT Code 32422 (Thoracentesis with insertion of tube, includes water seal (e.g., For Pneumothorax), when performed (separate procedure) has been removed from POS 24 (Ambulatory Surgical Center).

### **Timeframes for Completion of Transfers**

The ADHS/DBHS Provider Manual, 3.17.7-D continues to state that, *"When an Inter-T/RBHA transfer occurs, the person must be disenrolled from the home T/RBHA and enrolled in the receiving T/RBHA contingent upon the date the person expects to relocate to the receiving T/RBHA's geographic service area, but no later than 30 days of the referral by the home T/RBHA (see [Section 7.5, Enrollment, Disenrollment and Other Data Submission](#)). This timeframe allows sufficient time for the receiving T/RBHA to arrange for services and plan the person's transition."*

Adherence to these timeframes will help ensure continuous care for the client. They will also allow the transfers to be made electronically in the CIS system without special handling by ADHS/DBHS and ensure there is no loss of AHCCCS behavioral health eligibility segments due to late submission.

### **State Roster**

The ADHS Administrative Counsel's Office determined that HIPAA does not authorize disclosure of the State Roster to providers. While a provider could argue that access is related to treatment/payment for a specific member, the vast majority of Protected Health Information (PHI) that is being disclosed belongs to clients who will never see the provider accessing the State Roster information. Because access allows disclosure of the PHI of the other eligible members, the provider would have to obtain authorization from all of the eligible members before the information can be disclosed. For these reasons, the disclosure of the State Roster information to RBHA providers is a HIPAA violation. It is ADHS/DBHS's position that the RBHAs cannot provide the State Roster to their providers.



### **DES Contact Number**

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

#### **DES Communications Center**

Maricopa County: (602) 542-9935

Statewide: (800) 352-8401



### **ADHS Encourages Electronic Claims**

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.



### **Security IDs for All DBHS Secure Systems**

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently, there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at [Stacy.Mobbs@azdhs.gov](mailto:Stacy.Mobbs@azdhs.gov).



### **Office of Program Integrity**

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 <a href="mailto:stanleti@azdhs.gov">stanleti@azdhs.gov</a>
Bobby Rivera	Manager	(602) 364-4702 <a href="mailto:riveraro@azdhs.gov">riveraro@azdhs.gov</a>
Sandra Reyes	Investigative Analyst	(602) 364-4426 <a href="mailto:reyess@azdhs.gov">reyess@azdhs.gov</a>
Stephanie Ortiz	Admin	(602) 364-4437 <a href="mailto:ortizs@azdhs.gov">ortizs@azdhs.gov</a>

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Mr. Tim Stanley  
Chief, Bureau of Audit Standards  
Arizona Department of Health Services  
Office of the Deputy Director  
150 N. 18th Avenue, Suite 280  
Phoenix, Arizona 85007

Or email us at:

[ReportFraud@azdhs.gov](mailto:ReportFraud@azdhs.gov)

***All reports are kept confidential and may be reported to other agencies.***

### **2009 ADHS/DBHS Holiday Schedule**

The ADHS/DBHS office will be closed on the following days this year.

- ★ Monday, May 25
- ★ Friday, July 3
- ★ Monday, September 7
- ★ Monday, October 12
- ★ Wednesday, November 11
- ★ Thursday, November 26
- ★ Friday, December 25



*The shamrock, which was also called the "seamroy" by the Celts, was a sacred plant in ancient Ireland because it symbolized the rebirth of spring. By the seventeenth century, the shamrock had become a symbol of emerging Irish nationalism. As the English began to seize Irish land and make laws against the use of the Irish language and the practice of Catholicism, many Irish began to wear the shamrock as a symbol of their pride in their heritage and their displeasure with English rule.*